

## **FEC FORM 9**

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR 2008 SEP 10 P 1: 40 ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations	······································
(a) Name	
AMERICAS MAJORITY	
(b) Address (number and street) check if different than previously reported  2. FEC Identifie	cation Number
(c) City, State and ZIP Code  OVERLAND PARK, KS 66212	
OVERLAND PACK KS 66212  (d) Name of Employer or Principal Place of Business  (e) Occupation	
NIA	
New 6 5 26 2	008
3. Is This Statement or 4. Covering Period through	
Free finally - Reconstruct - California	<u> </u>
5. (a) Date of Public Distribution(s) 09 10 200 8 (b) Communication Title DON アレ	ay games
6. The flier is a(n): (a) [ Individual (b) [ Unincorporated Organization (c) [ Qualified Nonprofit Corporation	on (11 CFR 114.10)
(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11	CFR 114.15
(e) Other, specify:	<del></del>
7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, Ye were the disbursements made exclusively from donations to a segregated bank account?	s No X
8. Custodian of Records	<del></del>
(a) Namo RICHARD NADLER	
(b) Address (number and street)	
(c) City, State and ZIP Code	
OVERLAND PACK, KS 66212  (d) Name of Employer or Principal Place of Business (e) Occupation	
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g. 17 april 17 consignation of contraction of contr	*;
9. Total Donations This Statement	<u>.</u>
10. Total Disbursements/Obligations This Statement	
Under penalty of perjury, I certify that this statement is true, correct and complete.	
Under penalty of perjury, I certify that this statement is true, correct and complete.  TYPE OR PRINT NAME OF PERSON COMPLETING FORM	

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g